



72 Acres
of Relaxation

322 Conc. 11 Rd. E.
R.R. 1 Freelton
Ontario L0R 1K0
(905) 659-3395
fax (905) 659-0740

New Application

Renewal

Site # _____

For Year: 200__

To reserve a season site, please complete this form and return it to the office with your deposit of \$100.00 + storage if applicable +gst. Balance is due on either April 15th (6 month season), or May 1st (5 month season) or the day your trailer is moved onto a site. Deposits for renewals and or winter storage are due before Sept 15th and the balance is due following year.*

Telephone Numbers:	
Home:	_____
Emergency:	_____
Trailer:	_____

Personal Information	
First Name:	_____
Last Name:	_____
Name of Spouse (or Companion):	_____
Extra Adults:	_____
Street Address:	_____
City:	_____
Prov. or State:	_____
Postal Code:	_____
Email Address:	_____

Children (under 18)	
Name	Birthdate
_____	_____
_____	_____
_____	_____

Pets	
Name	Type
_____	_____
_____	_____
_____	_____

Year, Make & Length of Camping Unit: _____

Vehicle #1: Year _____ Colour _____ Make _____ Lic.Pl.# _____ Key Card# _____

Vehicle #2: Year _____ Colour _____ Make _____ Lic.Pl.# _____ Key Card# _____

PLEASE CHECK THE FOLLOWING WHICH APPLY:

6 Month Season (Apr.15 - Oct.15) <input type="checkbox"/>	Recreational <input type="checkbox"/>	Waterfront Site? Yes <input type="checkbox"/> No <input type="checkbox"/>
or	or	Air Conditioner? Yes <input type="checkbox"/> No <input type="checkbox"/>
5 Month Season (May.1st - Sept.30) <input type="checkbox"/>	Residential <input type="checkbox"/>	If yes to above is it covered? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Electric Heater in Camping Unit? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Is your Hot Water Tank Propane only or Propane Electric? P only <input type="checkbox"/> P/E <input type="checkbox"/>
		Washer or Dryer in your trailer? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Extra Fridge? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Will you be storing your trailer at Lawson Park? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Do you want Lawson Park to arrange winterizing of your trailer? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Do you wish to pre-pay for next season? Yes <input type="checkbox"/> No <input type="checkbox"/>

All of the above information is correct to the best of my knowledge & I hereby agree to assume full responsibility for myself, my family and my guests. I will not hold Lawson Park Ltd. liable for any accidents, damage or loss of articles incurred. I am willing to abide by the rules and regulations and understand that anyone refusing to abide by these rules may be required to leave Lawson Park.

*Invoices with balance owing for next season will be mailed in the spring and due on May 1 st of that year.

Office Use Only Date Received	Signature _____	Date Signed / /20
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